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STATEMENT OF

FORM 1		ORGANIZATION							
	<u> </u>			-			Office Us	e Only	.,,,
1. NAME OF COMMITTEE (in full)		(Check if name Example:If typing, type is changed) ever the lines.			e 12FE	12FE4M5			
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ADDRESS (number and street) (Check If address is changed)		LA O	<u> </u>	310	<u> </u>	<u> </u>	<u> </u>		لــــــــــــــــــــــــــــــــــــــ
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			(CITY		STATE	;	ZIP CODE	
COMMITTEE'S E-MA	AL ADDRESS	S (Please provide	only one e-	mail addre	:e)				
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is change	d)	<u> </u>		<u>i </u>		<u> </u>		iii	لنـــا
2. DATE 06	/ 07	1/201	Ó						
3. FEC IDENTIFIC	MBER	c C	1049	3124	2				
4. IS THIS STATE	MENT	NEW (N)	OR	X	AMENDED (A)			
I certify that I have e	examined this	Statement and	to the best	of my kno	wledge and be	elief it is true, co	orrect and com	olete.	
Type or Print Name	of Treasurer	PATR	CI	A	A .	BREE	E D		
Signature of Treasure	er J	Hucia			ud	Date .	06 0	2 2 6	10

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Local 202-694-1100

Office For further information contact: **FEC FORM 1** Federal Election Commission Use * (Revised 02/2009) Toll Free 800-424-9530 Only